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Specialized Topics in Areas of Radiologic Sciences
P.O. Box 2931 Toledo, Ohio 43606 419-471-1973
E-mail: info@xrayhomestudies.com
www.xrayhomestudies.com

Image Analysis

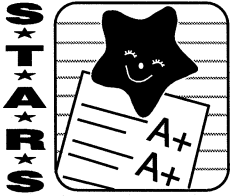
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ODH Site Visit Units

Prepared by:

**Carolyn J. Frigmanski, M.A., B.S.R.T. ®
Founder**

**Ohio Department of Health Approval for 5 continuing
education hours.**



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Welcome to your **S.T.A.R.S.** self-learning product that has been approved for **5 continuing education credit hours** by the Ohio Department of Health for radiologic license requirements.

You must complete the post test in each unit with your name, address and date (social security number is optional) with a 75% or better score to receive an original signed certificate of completion with the respective CE credit amount.

Table of Contents

Image Analysis Unit

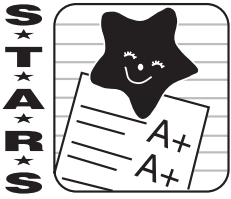
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ODH Site Visit Unit

Please submit the post test pages to the **S.T.A.R.S.** office **BEFORE** your biennium ends to receive CE credit. Certificates of completion are prepared with the date your post tests are received and evaluated by **S.T.A.R.S.** officials.

Thank you very much for selecting this educational product to meet your professional needs.

Carolyn J. Frigmanski, M.A.,B.S.R.T.®
Founder



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Dear GXMO/LSO/LSR participant,

Welcome to your selected S.T.A.R.S. developed continuing education home study!

In the spring of 2013, The Ohio Department of Health (ODH) approved ALL of them for GXMO license renewal. Please check with your state licensing agency if you are not a licensed GXMO in Ohio to be sure your state accepts these ce credits for your state license renewal requirement.

This product consists of a text on a desired topic and multiple question, short answer post test(s) pages. The number of Ohio Department of Health approved continuing education (ce) credits is listed on our order form. This home study product was originally developed for radiographers across the country who were registered with the American Registry of Radiologic Technologists (ARRT) and approved by the American Society of Radiologic Technologists (ASRT). Please disregard any reference to the ASRT/ARRT within this product, if any.

You must complete the reading and questions with a **75% or higher score** on the post test(s) to get your approved CE credit!

Please return all the post test pages to the **S.T.A.R.S.** address listed on our letterhead **BEFORE** your license expires. We will forward your certificate of completion on the same day your post test(s) were evaluated (except for holidays and Sundays). If you did NOT receive a 75%, we will send the pages back with the questions needing a new answer selection. Send them back for a **FREE** re-evaluation. No refund will be provided for unsatisfactory personal performance on any ce product.

Plan the return of your post test(s) pages in a timely manner. I cannot accept emailed or faxed copies since I need to retain my **ORIGINAL** records for the ODH for 3 years in case you may be audited.

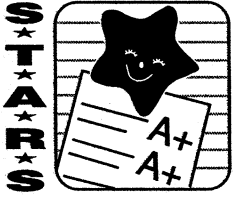
Remember to get your envelope weighed at the post office whenever submitting more than 4 pages. The post office will return it to you if you have insufficient postage, thereby delaying it for my evaluation and your certificate of completion.

Feel free to contact me by email: info@xrayhomestudies.com or telephone: **419 471-1973** if you have any questions. Please share with others in the future.

Thank you for selecting **S.T.A.R.S.** to meet your continuing education needs!

Sincerely,

Carolyn J. Frigmanski, M.A.,B.S.R.T. ®, Founder



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Unit: Image Analysis: This information is on hard copy in the unit.

1. The eye appeal of a radiologic image is called
2. Identify 2 criteria for image evaluation:
 - a.
 - b.
3. Identify 1 essential for mAs:
4. Identify 1 essential for kVp:
5. Identify 1 essential for time:
6. Which phase of respiration is recommended for anatomic areas above the diaphragm?
7. Identify 1 technique to use with apprehensive patients scheduled for a radiographic exam:
8. Identify 1 technique to use when your patient is
 - a. hearing impaired
 - b. vision impaired
 - c. experiencing altered LOC
 - d. bedridden and/or wheelchair bound
 - e. mentally challenged
9. Identify 1 method of identifying a patient **BEFORE** the radiographic examination:
10. A hypersthenic patient is described as
11. Identify 1 factor to consider when measuring body tissue thickness:
12. Identify 1 method of patient immobilization:
13. When should a compensatory filter be used?
14. The greatest cause of unnecessary exposure to patients is:
15. Identify 1 essential for viewing images:

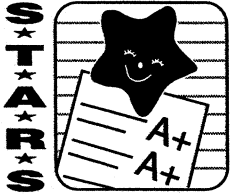
16. How is technique adjusted for:
 - a. additive diseases?
 - b. destructive diseases?
17. Identify 1 essential for grid use:
18. Identify 1 essential to maximize detail:
19. Identify 1 essential for Extremity imaging:
20. Identify 1 essential for Spine imaging:
21. Identify 1 essential for Chest Imaging:
22. Identify 1 essential for Abdominal imaging:
23. Identify 1 essential for Skull imaging:
24. Identify 1 essential for Pediatric patients:
25. Identify 1 essential for Geriatric patients:
26. Identify 1 essential for Trauma patients:
27. Identify 1 essential for Pregnant patients:
28. Identify 1 essential for Shielding patients:
29. Identify 1 essential for Clinical history taking:
30. Identify 1 essential for Image identification:

Fill in the following information so that you can receive a signed certificate of completion from an official from S.T.A.R.S..

Name _____

Address _____

Social Security Number (optional) _____ - _____ - _____ Date _____



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Unit/s: ODH Site Visits

1. Identify 1 purpose of an ODH site visit?
2. Identify 1 notice that must be displayed or available for site visitors:
3. Identify 2 Administrative Quality Assurance responsibilities:
 - 1.
 - 2.
4. Identify 1 radiation safety procedure:
5. How is operator training documented?
6. Identify 1 automatic film processing requirement:
7. Identify 1 x-ray equipment requirement:
8. Identify 1 radiation protection policy/procedure:
9. Identify 1 Administrative policy re: patient protection:
10. Identify 1 Q.C. preventive maintenance policy:
11. Identify 1 Administrative policy re: gxmors:
12. Identify 1 Employer responsibility:
13. Identify 1 Worker responsibility:
14. Identify 1 Inspection procedure:
15. Identify 1 aspect of the Follow up process:

Fill in the following information so that you can receive a signed certificate of completion from an official from S.T.A.R.S.. (Please print)

Name _____

Address _____

Social Security Number (optional) _____ - _____ - _____ Date _____